SF424 (Application for Federal Assistance) and SF424A (Budget Information) Instructions

For Farm Production and Conservation (FPAC) Agencies: Business Center, Farm Service Agency,Natural Resources Conservation Service, Risk Management Agency

Contents

If applying to an opportunity on Grants.gov, complete the forms in the opportunity package. For all other applications, use the forms available on Grants.gov: https://www.grants.gov/web/grants/forms/sf-424-family.html

FBAC-BC GRANTS AND AGREEEMENTS WEBSITE
https://www.fpacbc.usda.gov/about/grants-and-agreements/apply-to-a-funding-opportunity/index.html

1. SF-424 PREPARATION

Instructions for new agreement applications only. Separate instructions apply to amendments.

Applicants must review these instructions to ensure that the form is completed correctly. This will reduce the likelihood that the form will need to be returned for correction and potentially delay execution of any resultant agreement.

Columns one and two below correlate to the blocks on the Form SF-425. Column 3 includes the Office of Management and Budget (OMB) Standard Form instructions, and the final column includes FPAC Agency specific guidance to be used to complete the form.

Block	Field Name	SF-424 Instructions (V4.0)	FPAC Agency Guidance
1	Type of Submission	Select one type of submission in accordance with agency instructions. • Pre-application • Application • Changed/Corrected Application - Check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this form to submit changes after the closing date. Required.	Select "Application" if this is the first application submitted. If updating an application recently submitted, choose Changed/Corrected Application.
2	Type of Application	Select one type of application in accordance with agency instructions.	Applicants should generally select "New". If, however, the applicable Notice of Funding Opportunity (NFO) allows the

		• New - An application that is being submitted to an agency for the first time.
		• Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals.
		• Revision - Any change in the federal government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected.
		    A: Increase Award
		    B: Decrease Award
		    C: Increase Duration
		    D: Decrease Duration
		    E: Other (specify)
		    AC: Increase Award, Increase Duration
		    AD: Increase Award, Decrease Duration
		    BC: Decrease Award, Increase Duration
		    BD: Decrease Award, Decrease Duration
		Required.
			submission of renewals or supplements (see section B of the NFO) and the application meets the NFO description of one of these categories, then choose "Continuation or Revision" and the appropriate letter(s).

3	Date Received	Enter date if form is submitted through other means as instructed by the Federal agency. The date received is completed electronically if submitted via Grants.gov. Required.	Not completed by applicant. This is a required field and will be populated automatically by Grants.gov.
4	Applicant Identifier	Enter the entity identifier assigned by the Federal agency, if any, or the applicant's control number if applicable. Optional.	Optional/not required.
5a	Federal Entity Identifier	Enter the number assigned to your organization by the federal agency, if any. Optional.	Leave blank.
5b	Federal Award Identifier	For new applications, leave blank. For a continuation or revision to an existing award, enter the previously assigned federal award identifier number. If a changed/corrected application, enter the federal identifier in accordance with agency instructions.	Leave blank if you are submitting a new application (item 2). If submitting another type (e.g., renewal or supplement), enter the assigned Award Identifying Number (block 1 on the Notice of Grant and Agreement Award). If submitting a changed/corrected application in Grants.gov, include the Grants.gov tracking number for previously submitted

		Optional.	application.
6	Date Received by State	Leave this field blank. This date will be assigned by the state, if applicable. Optional.	Leave blank.
7	State Application Identifier	Leave this field blank. This identifier will be assigned by the state, if applicable. Optional.	Leave blank.
8a	Applicant Legal Name	Enter the legal name of the applicant that will undertake the assistance activity. This is the organization that has registered with the System for Award Management (SAM). Information on registering with SAM may be obtained by visiting SAM.gov. Required.	This name must be consistent with the name as registered in the System for Award Management (SAM). If the name in SAM is not correct, update it accordingly. If you are applying as an individual, use your legal name as in the Social Security system.
8b	Applicant Employer/Taxpayer Identification Number (EIN/TIN)	Enter the employer or taxpayer identification number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444. Required.	This number must be consistent with the number in the applicant's SAM registration. If you are applying as an individual, use your Social Security number.
8c	Unique Entity Identifier (UEI)	Enter the organization's UEI received from SAM. The UEI is a unique 12-character organization identifier. Information on registering with System for Award Management (SAM.gov) may be obtained by visiting the Grants.gov website. Required.	As of April 2022, the SAM-assigned UEI replaces the DUNS. If you are applying as an individual, this field must be 00000000INDV.
8d	Applicant Address	Enter address: Street 1 (required); City (required); County/Parish, State (required if country is US); Province; Country (required); 9-digit ZIP/Postal Code (required if country is US). If +4 does not exist for the address, enter "0000". Required.	This address must be consistent with the address in the applicant's SAM registration.
8e	Applicant Organizational Unit	Enter the name of the primary organizational unit, department, or division that will undertake the assistance activity. Optional.	Not required.
8f	Applicant Contact Information	Enter the first and last name (required), prefix, middle name, suffix, and title. Enter organizational affiliation if affiliated with an organization other than that in 7.a. Telephone	This does not necessarily need to be the person with authority to sign the application. It is a point of contact for agency staff to contact regarding the application.

9	Type of Applicant 1	Select a minimum of one applicant type or select up to three applicant types in accordance with agency instructions. If "Other" is selected, then specify Other Type of Applicant in text box. A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing M. Nonprofit N. Private Institution of Higher Education O. Individual P. For-Profit Organization (Other than Small Business) Q. Small Business R. Hispanic-serving Institution S. Historically Black Colleges and Universities (HBCUs) T. Tribally Controlled Colleges and Universities (TCCUs) U. Alaska Native and Native Hawaiian Serving Institutions V. Non-US Entity W. Other (specify) Required.	The selection must be consistent with the entity type listed in the applicant's SAM registration.

The row above continues the table from a previous page; the first row shown is:

		number and email (required); fax number. Required.	

10	Name of Federal Agency	Enter the name of the federal agency from which assistance is being requested with this application. This information is pre-populated if submitting through Grants.gov. Required.	Enter the applicable agency if not automatically populated: • FSA-Farm Service Agency • RMA-Risk Management Agency • NRCS-Natural Resource Conservation Service • FBC-Farm Production and Conservation Business Center
11	Catalog of Federal Domestic Assistance Number/Federal Assistance Listing and Title a.k.a. Federal Assistance Listing	Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable. This information is pre-populated if using Grants.gov. Required.	If not automatically populated, leave blank.
12	Funding Opportunity Number and Title	Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested as found in the program announcement. This information is pre-populated if using Grants.gov. Required.	If not automatically populated, enter the opportunity number and title. If unknown leave blank.
13	Competition Identification Number and Title	Enter the competition identification number and title of the competition under which assistance is requested, if applicable. These fields are pre-populated by Grants.gov if provided by the federal agency. Optional.	Leave blank.
14	Areas Affected by Project (Cities, Counties, States, etc.)	This data element is intended for use only by programs for which the area(s) affected are likely to be different from the place(s) of performance reported on the SF-424 Project/Performance Site Location(s) Form. Add attachment to enter additional areas, if needed. Optional.	Leave blank.
15	Descriptive Title of Applicant's Project	Enter a brief descriptive title of the project. Supporting documents may be attached if specified in agency instructions. Optional.	Enter a concise but informative title for the project (maximum of 200 characters).
16a	Congressional District of Applicant	16a. Enter the applicant's congressional district. Required.	Enter the Congressional district based on the physical address of the applicant as listed in the applicant's SAM registration. District numbers can be found at

16b	Congressional District(s) of Program/Project	16b. Enter the primary district affected by the program or project. Enter in the following format: 2-character state abbreviation – 3 characters district number, e.g., CA-005 for California 5th district, CA-012 for California 12th district, NC-103 for North Carolina's 103rd district. If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. If nationwide, i.e., all districts within all states are affected, enter US-all. If the program/project is outside the US, enter 00.000. This optional data element is intended for use only by programs for which the area(s) affected are likely to be different than place(s) of performance reported on the SF-424 Project/Performance Site Location(s) form. Attach an additional list of program/project congressional districts, if needed. Required.	District numbers can be found at http://www.house.gov/representatives/find/. If an additional list of program/project congressional districts is to be attached to a Grants.gov opportunity, upload it under Other Attachments (listed as an Optional Form) in the Grants.gov Opportunity Package.
17a	Proposed Project Start Date	Enter the proposed start date of the project. Required.	If applying in response to a Grants.gov opportunity, refer to section B of the NFO.
17b	Proposed Project End Date	Enter the proposed end date of the project. Required.	If applying in response to a Grants.gov opportunity, refer to section B of the NFO.
18a-g	Estimated Funding	Enter the amount requested, or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. For zero funding, enter 0. Required.	Enter the project's total amount of funding for each category below. These values must be consistent with the values on the SF-424A and the Budget Narrative. Only include amounts for items b. through f. to meet the required cost-share/match, if any, identified in the NFO. 　a. Federal: enter the amount of Federal funds being requested. 　b. Applicant: enter cost share/match being provided by the applicant itself. Do not include cost share/match being provided by commitments from other sources; those amounts are to be included in items c., d., and e, as applicable. 　c. State: enter the amount of any cost share/match

			being provided by a State government entity. d. Local: enter the amount of any cost share/match being provided by a Local government entity. e. Other: enter the amount of any cost share/match being provided by a source other than those listed above. f. Program Income: enter the amount of program income (if any) used for meeting cost share/match requirements (see 2 CFR 200.80 and 200.307). g. Total: This field is automatically calculated. It is the sum of all amounts in the categories (items a. through f.) above.
19	Executive Order 12372	Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process. Select the appropriate box. If "A." is selected, enter the date the application was submitted to the State. Required.	Select the applicable response as to whether or not the application is subject to State review under state laws or procedures. Executive Order 12372 can be found athttps://www.archives.gov/federal-register/codification/executive-order/12372.html. The Intergovernmental Review Single Point of Contact list can be found at https://www.whitehouse.gov/wp-content/uploads/2020/04/SPOC-4-13-20.pdf.
20	Federal Debt Delinquency	Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of federal debt include but may not be limited to delinquent audit disallowances, loans, and taxes. If yes, include an explanation in an attachment. Required.	No additional instructions
21	Certification and Signature	To be signed and dated by the authorized representative of the applicant organization. Enter the first and last name (required), prefix, middle name, and suffix. Enter title, telephone number, fax number, and email. Fax number is not required. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain federal agencies may require that this authorization be submitted as part of the application.) If the application is submitted via Grants.gov, the	If not submitted through Grants.gov, the authorized representative must click the box. and provide either an ink signature or digital signature/digital certificate (cannot be a script font).

		signature of the authorized representative and the date signed are completed upon submission. Required.	

2. SF-424A PREPARATION

Applicants must review these instructions to ensure the form is completed correctly. This will reduce the likelihood that the form will need to be returned for correction and potentially delay execution of any resultant agreement.

SECTION A – BUDGET SUMMARY			
Column	Field Name	Form SF-424A Instructions (V1.0)	FPAC Agency Guidance
1(a)	Grant Program Function or Activity	Enter the name of the activity or function. At least one is required.	FPAC agencies do not require the project budget be broken down into separate programs, functions, or activities on this form. That level of detail, if desired, is reserved for the Budget Narrative which is a related, but separate document. Enter "Federal" in 1(a) and, if cost-share/match is required, enter "Non-Federal" in 2(a). Leave the remaining rows blank.
1(b)	Catalog of Federal Domestic Assistance Number	Enter the Catalog of Federal Domestic Assistance Number. At least one is required.	If not automatically populated, leave blank. Leave the remaining rows blank.
1(c-d)	Estimated Unobligated Funds: Federal and Non-Federal	For new applications, leave Column (c) and (d) blank. For each line entry in Columns (a) and (b), enter in Columns (e), (f), and (g) the appropriate amounts of funds needed to support the project for the first funding period (usually a year). For continuing grant program applications, submit these forms before the end of each funding period as required by the grantor agency. Enter in Columns (c) and (d) the estimated amounts of funds which will remain unobligated at the end of the grant funding period only if the federal grantor agency instructions provide for this. Otherwise, leave these columns blank. Enter in columns (e) and (f) the amounts of funds needed for the upcoming period. The amount(s) in Column (g) should be the sum of the amounts in Columns (e) and (f). For supplemental grants and changes to existing grants, do not use Columns (c) and (d). Enter in Column (e) the amount of the increase or decrease of federal funds and enter in Column (f) the amount of the increase or decrease of non-federal funds. In Column (g) enter the new total	Leave all rows of columns (c) and (d) blank.

		budgeted amounts plus or minus, as appropriate, the amounts shown in Columns (e) and (f). The amount(s) in Column (go) should not equal the sum of the amounts in Columns (e) and (f). Conditionally required.	
1(e)	New or Revised Budget: Federal	For new applications, leave Column (c) and (d) blank. For each line entry in Columns (a) and (b), enter in Columns (e), (f), and (g) the appropriate amounts of funds needed to support the project for the first funding period (usually a year). For continuing grant program applications, submit these forms before the end of each funding period as required by the grantor agency. Enter in Columns (c) and (d) the estimated amounts of funds which will remain unobligated at the end of the grant funding period only if the federal grantor agency instructions provide for this. Otherwise, leave these columns blank. Enter in columns (e) and (f) the amounts of funds needed for the upcoming period. The amount(s) in Column (g) should be the sum of the amounts in Columns (e) and (f). For supplemental grants and changes to existing grants, do not use Columns (c) and (d). Enter in Column (e) the amount of the increase or decrease of federal funds and enter in Column (f) the amount of the increase or decrease of non-federal funds. In Column (g) enter the new total budgeted amounts plus or minus, as appropriate, the amounts shown in Columns (e) and (f). The amount(s) in Column (g) should not equal the sum of the amounts in Columns (e) and (f). Conditionally required.	Enter the total amount of the Federal funds requested in Row 1, column (e). Leave the remaining rows column (e) blank. This amount must be consistent with the amount in Block 18a of the SF-424.
1(f)	New or Revised Budget: Non-Federal	For new applications, leave Column (c) and (d) blank. For each line entry in Columns (a) and (b), enter in Columns (e), (f), and (g) the appropriate amounts of funds needed to support the project for the first funding period (usually a year). For continuing grant program applications, submit these forms before the end of each funding period as required by the grantor agency.	Enter the total amount of the required Non-Federal cost share/match, if applicable, in Row 2, column (f) and leave the remaining rows of column (f) blank. This amount must be consistent with the total amount of Blocks 18b through 18f of the SF-424.

		Enter in Columns (c) and (d) the estimated amounts of funds which will remain unobligated at the end of the grant funding period only if the federal grantor agency instructions provide for this. Otherwise, leave these columns blank. Enter in columns (e) and (f) the amounts of funds needed for the upcoming period. The amount(s) in Column (g) should be the sum of the amounts in Columns (e) and (f).	
		For supplemental grants and changes to existing grants, do not use Columns (c) and (d). Enter in Column (e) the amount of the increase or decrease of federal funds and enter in Column (f) the amount of the increase or decrease of non-federal funds. In Column (g) enter the new total budgeted amounts plus or minus, as appropriate, the amounts shown in Columns (e) and (f). The amount(s) in Column (go) should not equal the sum of the amounts in Columns (e) and (f). Conditionally required.	
1(g)	Total	Total for Row 1(a) – 1(f). If using electronic form, these numbers are auto calculated. Required.	This auto-calculates and must be consistent with the total amount in Block 18(a) of the SF424.
5	Totals	Total for each column. IF using electronic form, these numbers are auto calculated. Required.	This auto-calculates. Block 5(g) is the total proposed application budget.
SECTION B – BUDGET CATEGORIES			
6(1-2)	Grant Program Function or Activity 1 - 2	In the column headings (1) through (4), enter the titles of the same programs, functions, and activities shown on Lines 1-4, column (a), Section A. When additional sheets are prepared for Section A, provide similar column headings on each sheet. For each Grant Program, Function or Activity, fill in the total requirements for funds (both federal and non-federal) by object class categories. If using the Budget Information form through Grants.gov, the Grant Program, Function, or Activity is pre-populated by the Grant Program Function or Activity from column (A) in Section A – Budget Summary.	The form will auto-populate "Federal" in the heading of Column 1. See the Budget Narrative Guidance https://www.fpacbc.usda.gov/about/grants-and-agreements/apply-to-a-funding-opportunity/index.html for guidance on what types of costs to include in each category. The form will auto-populate "Non-Federal" in the heading of Column 2. See the Budget Narrative Guidance https://www.fpacbc.usda.gov/about/grants-and-agreements/apply-to-a-funding-opportunity/index.html for guidance on what types of costs to include in each category.

		Required.	
6(3-4)	Grant Program Function or Activity 3 - 4	In the column headings (3) through (4), enter the titles of the same programs, functions, and activities shown on Lines 3-4, column (a), Section A. When additional sheets are prepared for Section A, provide similar column headings on each sheet. For each Grant Program, Function or Activity, fill in the total requirements for funds (both federal and non-federal) by object class categories. If using the Budget Information form through Grants.gov, the Grant Program, Function, or Activity is pre-populated by the Grant Program Function or Activity from column (A) in Section A – Budget Summary. Required.	Leave all rows of this entire column blank.
6(a)	Personnel	Enter funds required for purpose/column heading from the selected program. If not applicable, leave blank. Optional.	Refer to Budget Narrative Guidance. This is an attachment to the NFO or is available at https://www.fpacbc.usda.gov/about/grants-and-agreements/apply-to-a-funding-opportunity/index.html.
6(b)	Fringe Benefits		
6(c)	Travel		
6(d)	Equipment		
6(e)	Supplies		
6(f)	Contractual		
6(g)	Construction		
6(h)	Other		
6(i)	Total Direct Charges (sum of 6(a) thru 6(h))	Sum of 6(a) thru 6(h). If using electronic form, these numbers are auto calculated. Required.	This auto-calculates.
6(j)	Indirect Charges	Enter the amount of indirect costs. If not applicable, leave blank. Optional.	Refer to Budget Narrative Guidance, which is included as an attachment to the NFO or is available at https://www.fpacbc.usda.gov/about/grants-and-agreements/apply-to-a-funding-opportunity/index.html .
6(k)	TOTALS (sum of 6(i) thru 6(j))	Enter the total of amounts on Lines 6i and 6j. (This amount is auto calculated if using Grants.gov.) For all applications for new grants	Row 6(k) of Columns (1) and (2) will auto-populate; all other columns should be blank.

		and continuation grants, the total amount in column (5), Line 6k, should be the same as the total amount shown in Section A, Column (g), Line 5. For supplemental grants and changes to grants, the total amount of the increase or decrease as shown in Columns (1)-(4), Line 6k should be the same as the sum of the amounts in Section A, Columns (e) and (f) on Line 5. If using electronic form, these numbers are auto calculated. Required.	The total must be consistent with the Federal total in Section A (row 5 columns (e) and (f)). All costs must comply with the cost principles of 2 CFR Part 200, Subpart E – Cost Principles. All costs must be allowable (2 CFR 200.403), allocable to the agreement (2 CFR 200.405), and reasonable in amount (2 CFR 200.404).
7	Program Income	Enter the estimated amount of total income, if any, expected to be generated from this project. If not applicable, leave blank. Optional.	If your project does not expect program income to be generated, leave this blank. Program income (see 2 CFR 200.1) means gross income earned by the non-Federal entity that is directly generated by a supported activity or earned as a result of the Federal award during the period of performance except as provided in § 200.307(f). Program income includes but is not limited to income from fees for services performed, the use or rental or real or personal property acquired under Federal awards, the sale of commodities or items fabricated under a Federal award, license fees and royalties on patents and copyrights, and principal and interest on loans made with Federal award funds. This is the amount expected but may not necessarily be what is achievable under a resultant agreement.
SECTION C – NON-FEDERAL RESOURCES			
8(a)	Grant Program Function or Activity 1	Name of the grant program from which funds will be derived. Defaults to the corresponding program name in section A; but may be overwritten if called for by the instructions for this funding opportunity. Required.	This will auto-populate.
8(b-d)	Grant Program Function or Activity 2 - 4	Enter resources provided by the applicant for the selected program. If not applicable, leave blank. Optional.	Leave blank.
8(e)	(e) Total of Non-Federal Resources for Grant Program sum of line (a) through (d)	Total Sum of 8(b) thru 8(d). Required.	Leave blank.

12(b) thru 12(e)	Total (sum of lines 8-11)	Total for each column. If using electronic form, these numbers are auto calculated. Required.	
SECTION D – FORECASTED CASH NEEDS			
13	Federal Total for 1st Year	Sum of Federal 1st Quarter – 4th Quarter Forecasted Cash Needs. If using electronic form, these numbers are auto calculated. Required.	Per agency guidance leave blank.
	Federal Forecasted Cash Needs for 1st Quarter – 4th Quarter	Enter the forecasted cash needs from federal sources for each quarter of the first program year. If not applicable, leave blank. Optional.	Leave blank.
14	Non-Federal for 1st Year	Sum of Non-Federal 1st Quarter – 4th Quarter Forecasted Cash Needs. If using electronic form, these numbers are auto calculated. Required.	Per agency guidance leave blank.
	Non-Federal Forecasted Cash Needs for 1st Quarter – 4th Quarter	Enter the forecasted cash needs from non-federal sources for each quarter of the first program year. If not applicable, leave blank. Optional.	Leave blank.
15	TOTAL (sum of lines 13 and 14)	Total for each column. If using electronic form, these numbers are auto calculated. Required.	Per agency guidance leave blank.
	Total Forecasted 1st Year	Total Sum of 1st Year Federal and Non-Federal Forecasted Cash Needs. If using electronic form, these numbers are auto calculated. Required.	
	Total Forecasted 1st Quarter – 4th Quarter	Total each Quarter Federal and Non-Federal Forecasted Cash Needs. If using electronic form, these numbers are auto calculated. Optional.	Leave blank.
SECTION E – BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT			
16(a)	Grant Program	Name of the grant program from which funds will be derived. Defaults to the corresponding program name in section A; but may be overwritten if called for by the instructions for this funding opportunity. Required.	This will auto-populate.

16(b-d)	First Future Funding Period (year) – Third Future Funding Period (year)	Enter the estimated federal funds that will be required in each of the additional funding years for the selected program. Optional.	Leave blank.
16(e)	Fourth Future Funding Period (year)	Enter the estimated federal funds that will be required in the fourth funding year for the selected program. Optional.	Leave blank.
20	Total (sum of lines 16-19)	Total Sum of Estimated Federal Funds needed for balance of project per year. Auto calculated. Required.	Leave blank.
SECTION F – OTHER BUDGET INFORMATION			
21	Direct Charges	Use this space to explain amounts for individual direct object class cost categories that may appear to be out of the ordinary or to explain the details as required by the Federal grantor agency.	Leave blank.
22	Indirect Charges	Enter the type of indirect rate (provisional, predetermined, final or fixed) that will be in effect during the funding period, the estimated amount of the base to which the rate is applied, and the total indirect expense.	
23	Remarks	Provide any other explanations or comments deemed necessary.	

ATTACHMENT 1: SF424A SAMPLE

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 02/28/2022

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Federal		$	$	$ 113,850.00	$	$ 113,850.00
2. Non-Federal					38,500.00	38,500.00
3.						
4.						
5. Totals		$	$	$ 113,850.00	$ 38,500.00	$ 152,350.00

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SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total
	(1) Federal	(2) Non-Federal	(3)	(4)	(5)
a. Personnel	$ 80,000.00	$ 28,000.00	$	$	$ 108,000.00
b. Fringe Benefits	20,000.00	7,000.00			27,000.00
c. Travel	3,000.00				3,000.00
d. Equipment					
e. Supplies	500.00				500.00
f. Contractual					
g. Construction					
h. Other					
i. Total Direct Charges (sum of 6a-6h)	103,500.00	35,000.00			$ 138,500.00
j. Indirect Charges	10,350.00	3,500.00			$ 13,850.00
k. TOTALS (sum of 6i and 6j)	$ 113,850.00	$ 38,500.00	$	$	$ 152,350.00
7. Program Income	$	$	$	$	$

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SECTION C - NON-FEDERAL RESOURCES

	(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e)TOTALS
8.	Federal	$	$	$	$
9.	Non-Federal				
10.					
11.					
12. TOTAL (sum of lines 8-11)		$	$	$	$

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	$	$	$	$	$
14. Non-Federal	$				
15. TOTAL (sum of lines 13 and 14)	$	$	$	$	$

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

	(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
		(b)First	(c) Second	(d) Third	(e) Fourth
16.	Federal	$	$	$	$
17.	Non-Federal				
18.					
19.					
20. TOTAL (sum of lines 16 - 19)		$	$	$	$

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges: **22. Indirect Charges:**

23. Remarks:

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